

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005275 (2)

1. Corporation Name

WASHINGTON PARK/ROCHELLE HIGH SCHOOLS ALUMNI ASS
OCIATION, INC.



Principal Place of Business

P.O. BOX 90452
LAKELAND FL 33804-0452

Mailing Address

P.O. BOX 90452
LAKELAND FL 33804-0452

3. Date Incorporated or Qualified
10/25/1994

3a. Date of Last Report
10/13/1995

2. Principal Place of Business P.O. Box 90452

2a. Mailing Address P.O. Box 90452

21 Lakeland, FL 33804-0452

26 Lakeland, FL 33804-0452

4. FEI Number
65-0452370

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

USA

Zip

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUSTIN, FREDDIE C
215 PINEHURST ST.
LAKELAND FL 33805

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Freddie C. Austin, President*

7 April 1996

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME SMITH, BERNICE
STREET ADDRESS 949 W. 10TH ST.
CITY-ST-ZIP LAKELAND FL 33805

TITLE ☐ DELETE
NAME MOORE, DOROTHY
STREET ADDRESS 122 14TH ST.
CITY-ST-ZIP LAKELAND FL 33805

TITLE ☐ DELETE
NAME AUSTIN, FREDDIE C
STREET ADDRESS 215 PINEHURST STREET
CITY-ST-ZIP LAKELAND FL 33805

TITLE ☐ DELETE
NAME JENKINS, IRENE
STREET ADDRESS 7502 GUNSTOCK DR.
CITY-ST-ZIP LAKELAND FL 33809

TITLE ☐ DELETE
NAME KENNEDY, ANNIE L
STREET ADDRESS 420 BASSEDENA CIR. S.
CITY-ST-ZIP LAKELAND FL 33805

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Freddie C. Austin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FREDDIE C. AUSTIN

7 April 1996

Date

Daytime Phone #

941-688-2100

CR2E037 (12/95)